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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/553,708 A ARANSMITTAL Filing Date June 16, 2006 First Named Inventor **FORM** Stefan Bracht Art Unit 1611 **Examiner Name** Isis A.D. Ghali all correspondence after initial filing) Attorney Docket Number PADIMINION OF Pages in This Submission RO4101US (#90568) 15 **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC X Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): return postcard receipt Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/553,708 **Application Number** TRANSMI June 16, 2006 Filing Date For FY 2009 Stefan Bracht First Named Inventor **Examiner Name** Isis A.D. Ghali Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1611 TOTAL AMOUNT OF PAYMENT 0.00Attorney Docket No. RO4101US (#90568) METHOD OF PAYMENT (check all that apply) Money Order X None Check | Credit Card Other (please identify): 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A. Deposit Account Deposit Account Number:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 220 270 110 220 Design 110 100 140 50 70 Plant 220 110 330 165 170 85 Reissue 330 165 540 270 650 325 220 Provisional 110 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) _ - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee (\$) - 100 = (round up to a whole number) x 270.00 0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY

Registration No. Telephone Signature 24,603 216-771-3800 (Attorney/Agent) Date James Name (Print/Type) D. Peter Hochberg

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